



HIGHLIGHTS

Rate Reform

Implementation updates for Service Providers

February 2024

DDS is actively preparing for full implementation of rate reform in alignment with Welfare and Institutions Code (WIC) section 4519.10.

The Governor's 2024 Budget proposes to return full implementation to the original date of July 1, 2025 from the accelerated date of July 1, 2024, given resource availability. The budget proposal includes the continuation of the quality incentive program funding outside of the rate models through fiscal year 2024/25.

Consistent with existing law (WIC Section 4519.10), DDS will continue to prepare for full implementation of rate reform and make the changes needed to better serve individuals receiving regional center services and their families. This includes preparation for federal approval to implement, which requires posting a proposed amendment to the HCBS 1915(c) Waiver for a 30-day public comment period. The amendment is available [online](#) for review and comment.

The changes to implement rate reform are complex and DDS is committed to providing updates throughout this process. This series of Rate Reform Highlights aims to keep our community informed so you know what to expect and how to prepare.

BACKGROUND

In 2019, the Legislature commissioned a thorough study of how services to individuals with developmental disabilities are provided and compensated throughout the state. This comprehensive review led to the development of rate reform measures that seek to make services more accessible, more consistently provided across different regions of the state, and compensated in a way that is transparent and equitable.

More information is available on the [DDS website here](#).

Including:

- Rate Models
- Service Codes Involved in Rate Reform

NEXT STEPS

DDS is identifying the changes needed to standardize service codes and billing codes for each type of service.

For certain types of services, DDS is engaging the regional centers, service providers and community partners for input in this process.

Changes will happen incrementally.

Recognizing that some of the changes may need to be made in stages, DDS has determined the following:

- **DAY PROGRAMS:** The rate model assumption to convert to hourly billing will not be required until at least one year after the full rate model implementation. Providers currently using a daily rate may continue until further notice.
- **BEHAVIOR-FOCUSED DAY PROGRAMS:** While the rate model assumed direct care will be provided by registered behavior technicians (RBTs), with community input, alternative requirements will be developed to address the intent of the rate model assumptions, such as experience and/or staff training.
- **MEDICALLY-FOCUSED DAY PROGRAMS:** While the rate model assumed direct care will be provided by certified nursing assistants (CNAs), with community input, alternative requirements will be developed to address the intent of the rate model assumptions, such as experience and/or staff training.

Information will be provided for each type of service.

Written guidance and resource materials will be developed to support service providers' understanding about what is expected and training, and technical assistance will be provided as needed.

DDS will continue to share information as it becomes available. If this email was forwarded to you, you can [sign up to be added to the DDS distribution list here](#).

STAY TUNED FOR

Guidance

Frequently Asked Questions (FAQs)

Training/Webinars

Technical Assistance

QUESTIONS?

INDIVIDUALS RECEIVING SERVICES AND FAMILIES

Please contact your regional center service coordinator

SERVICE PROVIDERS

Please contact your regional center's Community Services Department

REGIONAL CENTERS

Email ratesquestions@dds.ca.gov